

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008539

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED FEB 28 1963

Primary Registration District No.

1003

Registrar's No.

1460

STATE FILE NUMBER

VS 300 Rev. 4/59		DATE AMENDED		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis,	
1				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Jennings	
2 4083				Length of stay in 1b D.O.A.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS (If outside, give location) 2318 McLaren Avenue	
4 0				3. NAME OF DECEASED (Type or print) First Middle Last ROBERT H. DOHR		4. DATE OF DEATH Month Day Year February 7, 1963	
5 1				5. SEX Male		6. COLOR OR RACE White	
6				7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-23-1895	
7 0				10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Maintenance		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
8 2				13a. FATHER'S NAME Frederich Dohr		13b. MOTHER'S MAIDEN NAME Katherine Knierim	
9				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		17. INFORMANT Mrs. Norene Dohr, 2318 McLaren Ave.	
10				18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease.</i>		INTERVAL BETWEEN ONSET AND DEATH	
11				Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arterio Sclerosis.</i>		4200	
12 92-3				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
91				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
				20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
				21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
				22a. SIGNATURE (Degree or title) <i>Helen L. Taylor, Coroner</i>		22b. ADDRESS <i>1340 Clark Ave.</i>	
				22c. DATE SIGNED <i>2/14/63</i>			
				23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 11, 1963	
				23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Missouri	
				24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Bl.		25. DATE RECD. BY LOCAL REG. FEB 11 1963	
				26. REGISTRAR'S SIGNATURE <i>Boad Smith, M.D.</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Dr. Vincent Townsend  
3101a Sutton  
MI 5-3250

CORONER

Friday & Sat.  
4:30 PM to 6 PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John A. Mlinar*

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.